



## PROTECTIVE PAYEE PAYMENT PLAN, CASE ASSIGNMENT, AND CLOSURE NOTICE

1. COMMUNITY SERVICES OFFICE (CSO)

2. SOCIAL WORKER/CASE MANAGER'S NAME

3. TELEPHONE NUMBER

4. CLIENT'S NAME

5. AID TYPE

6. CLIENT'S ID NUMBER

7. CLIENT'S e-JAS ID NUMBER

8. CLIENT'S AU ID NUMBER

9. TELEPHONE NUMBER

10. CLIENT'S ADDRESS

### SECTION I. CASE ACTION

☐ Case Assignment, start date: \_\_\_\_\_ ☐ Plan Change ☐ End Case Assignment, effective date: \_\_\_\_\_

### SECTION II. REASON FOR ASSIGNMENT (MARK APPROPRIATE BOX)

☐ 1. TANF/SFA (Temporary Assistance to Needy Families/State Family Assistance) someone in the household failed to participate in WorkFirst activities without good cause. (WAC 388-460-0045)

Sanction individual(s):

CLIENT NAME: \_\_\_\_\_ CLIENT ID: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_ CLIENT ID: \_\_\_\_\_

☐ **CHILD SAFETynet PAYMENT CASE**

NAMES AND AGES OF CHILDREN

NAMES AND AGES OF CHILDREN

\_\_\_\_\_  
\_\_\_\_\_

☐ 2. Minor parent (TANF/SFA). WAC 388-460-0040

☐ 3. Emergency makes a caretaker relative unable to care for their dependent children. (WAC 388-460-0030)

☐ 4. Mismanagement of funds. WAC 388-460-0035)

☐ 5. Other (WAC 388-460-0035-3):

### SECTION III. PAYMENT PLAN – COMPLETE THOSE BOXES THAT APPLY (IF KNOWN)

1. LANDLORD'S NAME

2. LANDLORD'S TELEPHONE NUMBER (AREA CODE)  
( )

3. LANDLORD'S ADDRESS

4. CURRENT AMOUNT OF RENT/PAYMENT  
\$

UTILITY COMPANY

CHILD CARE PROVIDER

NAME

NAME

ADDRESS

ADDRESS

TELEPHONE NUMBER (AREA CODE)  
( )

TELEPHONE NUMBER (AREA CODE)  
( )

OTHER PAYMENTS OR SPECIAL INSTRUCTIONS

### SECTION IV. PROTECTIVE PAYEE SELECTION

1. PROTECTIVE PAYEE'S NAME

2. PAYEE'S BUSINESS ADDRESS

3. PAYEE'S TELEPHONE NUMBER (AREA CODE)  
( )

### SECTION V. SIGNATURES

(CLIENT DOES NOT SIGN THE CLOSURE NOTICE)

1. CASE WORKER/CASE MANAGER'S SIGNATURE

DATE

2. CLIENT'S SIGNATURE

DATE

☐ Client did not sign unavailable/non-cooperative

COMMENTS

## **Client Rights and Notification Regarding the Protective Payee Plan, DSHS 14-426**

### Client Notification

If assignment to a protective payee is required, the client must be notified within ten (10) days of the action.

### Fair Hearing Information

If you disagree with the decision assigning you to a protective payee or terminating your assignment, you can ask for a fair hearing. To request a fair hearing, contact the Community Services Office (CSO) or write to the Board of Appeals, Department of Social and Health Services, PO Box 2465, Olympia WA 98504. You must request a hearing within 90 days of the date you receive your copy of this plan.

At the hearing, you have the right to represent yourself, be represented by an attorney or by any person you choose. You may be able to get free legal advice or representation by contacting an office of legal services.

### Department Conference

You may have a conference with a financial worker, WorkFirst Case Manager, social worker, or supervisor to discuss the action proposed in this letter. Having a conference will not delay or replace a fair hearing and it may resolve the problem sooner.

### Non-Discrimination

Our programs are provided for everyone without regard to race, color, sex, age, handicap, religious or political beliefs, or country of birth.